

Application Data Sheet

Application Information

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: METHODS OF SCREENING AGENTS FOR
ACTIVITY USING TELEOSTS
Attorney Docket Number:: 018852-000511US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 19
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: George
Middle Name:: N.
Family Name:: Serbedzija
Name Suffix::
City of Residence:: Woburn
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 21 Bow Street
City of Mailing Address:: Woburn
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 01801

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Argentina
Status:: Full Capacity
Given Name:: Carlos
Middle Name::
Family Name:: Semino
Name Suffix::
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of Mailing Address:: 76 Inman Street
City of Mailing Address:: Cambridge
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02139

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Deanna
Middle Name:: M.
Family Name:: Frost
Name Suffix::
City of Residence:: Seattle
State or Province of Residence:: WA
Country of Residence:: US
Street of Mailing Address:: 7721 17th Avenue NE
City of Mailing Address:: Seattle
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98115-4417

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/645,432	08/23/00
09/645,432	Continuation-in-part of	09/255,397	02/22/99
09/255,397	Non-Provisional of	60/100,950	09/18/98
09/255,397	Non-Provisional of	60/075,783	02/23/98

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Phylonix Pharmaceuticals, Inc.
Street of mailing address:: 100 Inman Street, Suite 200
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02139